



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

3/28/2014

Deann Eivins
809 South Lawn Dr
Iowa City IA 52245

Dear Deann,

It was a pleasure to meet with you and to review Child Development Home Registration rules. You have a lot to work on but it is all doable. My job is to help you come into compliance so if you have any questions while working on things, please feel free to call me or e-mail me.

Please find your copy of the, Checklist for Child Development Home Registration. I will be referring to the Child Development Home Registration Guidelines (Comm. 143) in this letter. You should receive the site to locate a copy of these at every application/renewal or a post card to return to Des Moines if you prefer to have them mailed to you. If you need an additional copy please call the Des Moines office 1-866-448-4605 or e-mail a request at crsacca@dhs.state.ia.us and they will send one to you. I will refer to these as, guidelines, for the rest of this letter. There are some sample forms in the last section of the guidelines, which were created to document the items needed for compliance. Feel free to use these forms for your programming. There are two typos on page 28 of some printed copies. The line that states "Total children under school age, including those under 24 months" should read 6 for both a level A and B. The guidelines are also on line. You may go to the following site to locate them on line: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/comm143.pdf

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 3/27/14. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.4 No more children are in care than the rules for the specific category will allow.

As a Level B you are limited to 12 children in care at a time. Of those 12 children 4 must be of school age (started kindergarten) 2 must be considered part time (less than a 180 hours a month total) Never can you have more than 8 children under school age and no more than 4 under 24 month of age and 3 under 18 months of age. . You had 10 children in your care upon my visit and 1 more on the way for the day, all under school age. You also had a school age child coming for the afternoon. Of these 10 children , 4 were under 18 months of age and 5 were under 24 months of age. A corrective action safety plan was signed to correct this immediately and maintain within your allowed numbers.

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

Need a protective barrier when changing children Also prescription medication sitting on desk in lower level

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

You had medications, poisonous, toxic or otherwise unsafe materials within access of children. These need to be in a location with secured access from children. Higher cabinet and a child safety latch should be installed

- ☐ 110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to
- ☐ 110.5(1)h A safe outdoor play area is maintained in good condition throughout the year.

Need an approved soft landing for under all equipment 18 inches or taller that is at a minimum of 9 inches. Gave the Outdoor Home Playground Safety Handbook. Please include what your plan is to meet this rule. Examples are remove equipment; develop a specific plan to not allow children on equipment until a soft landing is established.

- ☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.

- ☐ 110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in **a visible and readily accessible** place on each child-occupied floor. **Need one for each level of home and visible**

- ☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.

Need one in the following room: living room and top of stairs if position correctly one could cover both.

- ☐ 110.5(1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.

Item “p” addresses the need to place a child under the age of 1 on their back when you lay them down to nap. If they roll over you do not have to reposition them but they must start on their back. This also means if they fall asleep in a swing or car seat they should be removed and placed on their back for their sleep time. They also should not have items in the bed with them. The only way you can not start a child on their back sleeping is if there is a doctor order.

The easy fold’s have been on recall. Please check your s to make sure it is not on recall. Best practice would be that each child has their own pack and play to sleep and play in. If not then you need to change the sheets and wipe down the pad and sides when you change children in and out of each pack in play. .

- ☐ 110.5(1)q Providers inform parents of the presence of any pet in the child development home . **Provider said it is in the contract t but it is not in her contract.**

- ☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.

- ☐ 110.5(1)q All animal waste is immediately removed from the children’s areas and properly disposed of.

- ☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. **Need to be reviewed**

Items “u and v” address the need to have written policy on children who are mildly ill and how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page, 54 for children who are mildly ill and page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program. Many providers use what the local school uses for ill policies. That makes it easy on both you and the parents because they know those rules usually.

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies.

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child’s file.

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician’s signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need for her 2 older children who live in the home and are subs/assistants (still need son approved as such)**

☐ 110.5(2)b Certificates or training verification documentation for:

☐ 110.5(2)b Within the first three months of registration:

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

For assistance in finding training call CCRR at 866-324-3236 x 1410

Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.

☐ 110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years.

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains: **need for daughter and need to get son approved- that requires submitting a new application marking a change and listing him as a sub assistant.**

☐ 110.5(2)c A physician’s signed statement of health and immunization status at the time of employment and at least every two years thereafter.

☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. ☐ 110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a

certificate you will need to call the number on the web site as I have no control over it. Many providers have told me using this site is easy, although some have had difficulties. I am not sure why there is a difference.

WHO: This training is designed for child care providers

WHAT: **Mandatory Child Abuse Reporter Training for Child Care Providers**

WHERE: On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number

WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.

- ☐ 110.5(2)d An individual file is maintained for each substitute and contains:
- ☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396.
- ☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643
- ☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.
- ☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.
- ☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

For assistance in finding training call CCRR at 866-324-3236 x 1410

Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.

- ☐ 110.5(3) Activity Program. **Provider could verbalize she had a program and how she worked on the skills, but there was no real programming observed while I was in the home besides lunch and nap. I was in the home for 4.5 hours. From about 10 – 2:30. Issues were so many children programming was difficult.**
- ☐ 110.5(3) There is an activity program and it promotes self-esteem and exploration.
- ☐ 110.5(3)a Includes active play.
- ☐ 110.5(3)b Includes quiet play.
- ☐ 110.5(3)c Includes activities for large muscle development, such as running, climbing, riding toys, etc.
- ☐ 110.5(3)d Includes activities for small muscle development, such as coloring, puzzles, finger plays, play dough, etc.
- ☐ 110.5(3)e All play equipment and materials are in a safe condition, for both indoor and outdoor activities.

☐ 110.5(3)e All activities are developmentally appropriate for the ages of the children present.

☐ 110.5(3)e All equipment and materials are adequate for the number of children present Not sure what she had for the infants. **Really need a pack and play for each child should not share without a complete sanitization after each use.**

☐ 110.5(8) Children's Files

The children's files must be **updated annually with the emergency medical authorization completed yearly.** If the parent wants to review, edit and resign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, ect. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or resign the emergency medical and intake information.

☐ 110.5(8) An individual file is maintained for each child and **updated annually or when there are changes.** Each file contains:

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

☐ 110.5(8)j Injury report forms to document injuries requiring first aid or medical care.

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(10) Substitutes

☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month with an additional period of up to two weeks in a 12-month period.

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need to track hours can not tell on above 2 based on not tracking hours.**

☐ 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"

☐ 110.9(1)a Not more than six preschool children present at any one time including infants. **Had 10 when I arrived and one more was coming for the afternoon**

☐ 110.9(1)b Of these six children, not more than four children who are 24 months of age or younger are present at any one time. **Had 5 under 24 months**

☐ 110.9(1)b Of the four children under 24 months of age, no more than three may be 18 months of age or younger. **Had 4 under 18 months**

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time. **Had 4 who were part time at the same time**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

Because you were so far over numbers and over numbers on infants I will be stopping frequently over the next 45 days to ensure you are within numbers.

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

Please **check mark** each of the boxes listed above **when the necessary corrections have been completed**. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please complete the top portion of the letter, sign and date below, and return this form in the provided envelope by: **45 days of receipt**

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319 892-6826. if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook
Social Worker II

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. They have consultants who can assist you in coming into compliance. You can reach Child Care Resource and Referral at 866-324-3236 or go to the following web site: http://www.iowaccrr.org/who_we_are/region_5 and click on current training calendar which you will find in the body in red text.

The CCR&R website has a host of information including a document called Q/A. That document is the clarification of many questions and corresponding answers staff has had on the day care rules. This is a fluid document and new questions and answers are being added. I would suggest you review it at least every 6 months. You can find it on the CCR&R website. The exact address for the question and answer document is:

http://www.iowaccrr.org/resources/files/Consultant/CDH%20Question_Answer.pdf

HACAP also has a training newsletter. To obtain that newsletter you can email them. Send your name, address, phone number, e-mail address, and that you are a registered child development home to Ashley at ameincke@hacap.org. You may also call them: Child Care Programs at 319-739-1556 if you have any questions.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. In addition to the approved 24 hours you will also need valid certificates in CPR, first aid and Mandatory child abuse training at time of renewal. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry>. This site also has the forms to use to request training approval.

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).

An additional site that you might find helpful is the US Consumer Product Safety Commission recall site. If you go to the site and register your e-mail address the site will automatically send you updates on any products that are on recall. Baby items seem to go on recall often, especially sleeping equipment, pack and plays, car seats and toys. This is a good site to be aware of or to have the automatic updates sent to you. <https://www.cpsc.gov/cpsclist.aspx>

There is a law change I want to make you aware of. There was a rule change effective 6-1-13 You are no longer required to have a land line phone as a registered child development home. If you eliminate your land line phone please e-mail the CCA in Des Moines with a current contact phone number. That e-mail address is: crsacca@dhs.state.ia.us

Iowa Department of Human Services

Terry E. Branstad
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Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date: _____ 3/28/14 _____

Attention Parent and/or Guardian of child attending **Deann Eivins**
Child Development Home.

The Iowa Department of Human Services requires all childcare providers to maintain an individual file for each child in their care. This file must include the following items:

- 1) Intake information which includes the following: child's name and DOB, parents name, address and phone numbers at home and work; along with documentation of any special needs of child
- 2) Emergency medical authorization signed by the parent,
- 3) Emergency contact information, which includes parents' names and phone numbers, doctors name, address and phone numbers along with name, phone number and relationship of another adult available in case of an emergency
- 4) List completed and signed by the parent on people who can pick up the child including their phone number and relationship to the child
- 5) Immunization certificate
- 6) Yearly statement of health: for school age children it can be signed by the parent. For infants and preschoolers it must be signed by a physician
- 7) A physical:
 - a) For infant and preschoolers: it must be at their initial start of childcare and then annually (the yearly statement of health form above)
 - b) For school age children: it must be, at the minimum, dated at the time of their elementary school enrollment.

If you do not have the above requirements to the Child Development Home the provider has been directed to no longer care for your child until the necessary paperwork has been obtained as they are out of compliance. The provider has given you 30 days to obtain this information. If it is not in their file by the end of the 30 days which is, **5/15/14** they have been directed they should no longer care for your child until it has been obtained. Please feel free to call me if you have questions on this matter.

Lisa Wesbrook (Linn County: last name A-J & Benton and Iowa County) 892-6826 OR
Dale Garlinghouse (Linn County: last names K-Z & Jones County) 892-6803
Day care registration workers

Health Related Emergency Policy ----Sample

In the event of a minor health related emergency (ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child's needs have been dealt with.

In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.

In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.

The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.

I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.

I will complete an injury report form and send a copy home with the family and retain one for the child's file if first aid is applied due to an injury.